

WORK HISTORY MAY we contact your present employer? Yes No

Most recent Employer:		Address		Telephone #
Date Started:	Starting Salary \$	Per Hour: \$	Starting Position:	
Date Left:	Salary on Leaving: \$	Per Hour: \$	Position on Leaving:	
Name and Title of Supervisor:			Reason on Leaving:	
Description of Duties:			Reason on Leaving:	
Previous Employer:		Address		Telephone #
Date Started:	Starting Salary \$	Per Hour: \$	Starting Position:	
Date Left:	Salary on Leaving: \$	Per Hour: \$	Position on Leaving:	
Name and Title of Supervisor:			Reason on Leaving:	
Description of Duties:			Reason on Leaving:	
Previous Employer:		Address		Telephone #
Date Started:	Starting Salary \$	Per Hour: \$	Starting Position:	
Date Left:	Salary on Leaving: \$	Per Hour: \$	Position on Leaving:	
Name and Title of Supervisor:			Reason on Leaving:	
Description of Duties:			Reason on Leaving:	
Previous Employer:		Address		Telephone #
Date Started:	Starting Salary \$	Per Hour: \$	Starting Position:	
Date Left:	Salary on Leaving: \$	Per Hour: \$	Position on Leaving:	
Name and Title of Supervisor:			Reason on Leaving:	
Description of Duties:			Reason on Leaving:	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application and my candidacy for this position or any other position with the company. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability.

I understand that employment at this Company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in as signed writing has any authority to alter the foregoing.

Date: _____

Applicant's Signature: _____

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Our hospitals are certified **DRUG FREE WORKPLACES**. Your employment will be contingent on your passing a drug screening.

Name _____ Date _____
(First) (Middle) (Last)

Address _____
(street) (City) (State) (Zip)

Telephone Number _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Shift preferred _____ Part-Time (<30 hrs.) _____ Full-Time (>30hrs.) _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an

applicant for employment.) If yes, describe conditions: _____

<u>EDUCATION</u>	<u>NAME & LOCATION OF SCHOOL</u>	<u>DIPLOMA/ Yes No</u>
<u>High School</u>	_____	_____
<u>College/Univ.</u>	_____	_____
<u>College/Univ.</u>	_____	_____
<u>Other Training/Education</u> _____		

Identify all licenses or certifications which you currently hold.

Drivers License # _____ State: _____

Name of license/certification number _____ State: _____

Have your license/certifications ever lapsed? _____

If yes, state reason for lapse, revocation or suspension _____

Date of reinstatement: _____

In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially fit you for work with our company?

Do you presently have any contracted restrictions that would affect your employment with this company? Yes No

<u>POSITIONS APPLIED FOR</u>	
1. _____	2. _____
Wage or salary desired? \$ _____ When could you start? _____	